

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3380 62-046247 STATE FILE NUMBER

FILED NOV 20 1963

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clayton</u>		Length of stay in 1b <u>DOA</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS <u>9040 W. Swan</u>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Dewey</u> Middle <u>Elliott</u> Last <u>Alexander</u>		4. DATE OF DEATH Month <u>November</u> Day <u>4</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/5/1912</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>City Worker City Of Brentwood</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>City Worker City Of Brentwood</u>	
11. BIRTHPLACE (City and state or country) <u>Esther, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Clarence R. Alexander</u>		13b. MOTHER'S MAIDEN NAME <u>Bessie Amos</u>	
14. NAME OF HUSBAND OR WIFE <u>Lorraine</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT Address <u>Lorraine Alexander, 9040 W. Swan.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Polyisithemia</u> DUE TO (b) <u>Chronic cerebral</u> DUE TO (c) <u>[REDACTED]</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Natural Cause</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs - 1 day</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Natural Cause</u>		20c. TIME OF INJURY Hour <u>[REDACTED]</u> a.m. <u>[REDACTED]</u> p.m. <u>[REDACTED]</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Feb 19 59</u>	
20f. CITY, TOWN, OR LOCATION <u>Oct 29 63</u>		COUNTY <u>[REDACTED]</u> STATE <u>[REDACTED]</u>	
21. I attended the deceased from <u>Feb 19 59</u> to <u>Oct 29 63</u> and last saw him alive on <u>Oct 29 63</u> . Death occurred at <u>6:16 am</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Scott Newer, M.D.</u>	
22b. ADDRESS <u>6500 Chippewa</u>		22c. DATE SIGNED <u>11-4-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>11-6-63</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Parkview Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Farmington, Missouri</u>	
24. FUNERAL DIRECTOR <u>Cozean Funeral Home, Farmington, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11-5-63</u>	
26. REGISTRAR'S SIGNATURE <u>John Murphy, M.D.</u>			

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

NOV 21 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Stanley H. Aidon

Licensed Embalmer No.

41963

P. O. Address

St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.